

Hurricane Helene Disaster Recovery Employment Program

WORKSITE AGREEMENT



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This Agreement is being made to provide temporary disaster relief position(s) to eligible individuals funded under the National Emergency Dislocated Worker Grant. Under this Agreement, employers/worksites impacted by the Hurricane Helene disaster will provide participants temporary employment opportunities that assist with local recovery efforts related to cleanup and recovery and/or humanitarian assistance. These disaster relief positions are funded by the grant in an effort to minimize the employment and economic impact of the declared disaster.

This Worksite Agreement provides the following assurances:

- 1) Worksites will offer sufficient, meaningful work related to recovery efforts with necessary equipment/materials, to keep participants fully occupied during working hours and be appropriate and reasonable with regards to the type of work undertaken and the proficiency of the participants.
- 2) Worksites will provide adequate training related to safety and work duties and work will be conducted in a safe and sanitary work environment and in compliance with all applicable federal, state, and local laws (included but not limited to the Civil Rights Act, Fair Labor Standards, Hatch Act, health, safety, and child labor laws).
- 3) Worksites will provide adequate full-time supervision of each participant by qualified supervisors who will review their time and attendance and complete performance evaluations.
- 4) Worksites will provide a job description and will maintain open communication regarding performance and report any workplace issues or injuries/accidents immediately to NCWorks.
- 5) Worksites will follow their standard personnel policies and provide necessary liability coverage and be aware of any risks associated with the use of equipment and/or vehicles.
- 6) Worksites will notify NCWorks staff if difficulties arise which the worksite supervisor and participant are unable to resolve. Staff will attempt to find a mutually satisfactory solution and may recommend termination/transfer of the participant if the situation or problem is not resolved.
- 7) The NCWorks Service Provider will provide Worker's Compensation Insurance to cover participants and handle all aspects of payroll processing and payment of wages at the prevailing wage for that occupation in the community. When needed, funds may be used to provide certain types of protective gear related to the position.
- 8) All requirements, rules and regulations governing the temporary employment program will be followed.
- 9) Participants will not be employed to carry out NEW construction.
- 10) Participants will not work more than 2,080 hours or 12 months (whichever is longer) under this employment program and work must be performed in designated FEMA counties.
- 11) If work related to the designated recovery position has been completed, the worksite and/or NCWorks must conclude the position (work will only be paid if related to disaster recovery).
- 12) Any party may terminate this agreement at any time if deemed necessary or program funds are limited.
- 13) Participants will not be placed in positions if a member of his/her family is engaged in an administrative capacity, including a person with selection, hiring, placement, or supervision responsibilities of the participant.
- 14) The worksite certifies that neither the employing company nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation by any federal department or agency.
- 15) No participant shall be employed/job opening filled when any other individual is on layoff from the same or any substantially equivalent job at the worksite, or if any regular employee has been terminated or the workforce has otherwise been reduced with the intention of filling the created vacancy by hiring a participant whose wages are subsidized under this program.
- 16) Equal Opportunity and Nondiscrimination: The worksite assures that it will not discriminate against any individual in the US on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, or gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, and against any beneficiary of, applicant to, or participant in programs financially assisted under WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity; and
- 17) This agreement will be maintained at the worksite and may be reviewed by federal, state, service delivery staff and program operator monitors. It is mutually understood and agreed that the worksite may be visited/monitored by the Workforce Development Board, NC Division of Workforce Solutions, the US Department of Labor, and/or the US Department of Treasury. In the event of modifications to the agreement/training plan, the worksite will notify the NCWorks staff for a modification.

SUPERVISION: All worksite supervisors must be experienced in the work to be performed by the participant and in supervising employees. Worksite supervisors should model, encourage, and expect participants to demonstrate safe and good working habits, satisfactory job performance, and positive attitudes about work.

It is the responsibility of the NCWorks Service Provider to orient each worksite supervisor to the disaster employment program and provide an orientation prior to the placement of participants and to provide the supervisor a copy of this Agreement. NCWorks staff will also perform regular check-ins with the worksite and participants to ensure expectations of the disaster employment program are being met.

TIME ATTENDANCE, COMPENSATION, EVALUATION: Accurate time and attendance records will be kept by the supervisor on each participant to reflect the actual time worked. **Work schedules should be provided by the worksite based upon approved allotted hours by NCWorks (allowed hours may vary by worksite or based on workloads and/or funding availability).** Any work over 40 hours per week should be discussed/approved by NCWorks staff. Participants will not be paid for absences, unworked hours, or breaks of 30 minutes or greater. Provided timesheets should be maintained by the worksite supervisor and signed at the end of each pay period by the participant and supervisor, whose signature will certify its accuracy. Worksite supervisors will also complete a monthly performance evaluation. Timesheets and evaluations will be picked up by NCWorks on the schedule provided for payroll processing. Hourly wage rates will be determined by NCWorks based on comparable positions and prevailing wage rates.

PHOTO RELEASE; MEDIA; REPORTING: Unless otherwise noted, I hereby authorize the use of my organization's name/face and/or use of approved photos and quotes for promotional materials in print/video or online regarding my participation with this employment program. **As a worksite, I also agree to recognize NCWorks in promotional materials/reports related to recovery work/successes completed through this grant/partnership.**

Worksite Information	
Worksite Name	
Worksite Address	
Worksite Supervisor	
Supervisor Phone/Email	
Participant Information	
Participant Name	
Participant Phone	
Start & End Dates	
NCWorks Staff Information	
Staff Name	
Staff Phone/Email	

Authorized Signatures to Enter this Agreement			
Worksite		Date	
Participant		Date	
NCWorks		Date	

Hurricane Helene Disaster Recovery Employment Program

JOB DESCRIPTION



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NOTE: Each participant in recovery positions must have a completed job description. Worksites will provide any safety training needed related to the position as well as general training and expectations related to the specific job duties.

Section 1: General Information

Participant Name:				Job Title:			
Worksite Name:							
Worksite Address:							
Supervisor Name:				Phone #:			
Alt. Supervisor Name: (if applicable)				Phone #:			
Estimated Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Section 2: Job Description to include key duties and responsibilities for recovery efforts (or attached).

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Hurricane Helene Disaster Recovery Employment Program

WORKSITE SUPERVISOR ORIENTATION



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***Below are important topics that will be explained to you prior to placement of participant(s) on site.
We thank you for your participation!***

Worksite Location: _____

- | | |
|--|--|
| | 1. Purpose of the disaster employment program |
| | 2. Worksite responsibilities: Safety Orientation Training form, supervision, general training |
| | 3. Rights, benefits, and responsibilities of participants |
| | 4. Hours of work (<i>days, weeks, holidays, etc.</i>) |
| | 5. Reporting procedures |
| | 6. Pay procedures and payroll schedule |
| | 7. Workers' Compensation |
| | 8. Nepotism |
| | 9. Hatch Act (no political activity) |
| | 10. Recovery work expectations |
| | 11. Child Labor Laws (<i>if applicable</i>) |
| | 12. Youth Employment Certificate/Work Permit (<i>if required</i>) |
| | 13. Sectarian activities not permitted |
| | 14. Equal employment opportunity |
| | 15. EO or general grievance procedures (contact High Country Workforce Development Board: Rebecca Bloomquist at Rebecca.bloomquist@highcountrywdb.com) |
| | 16. Disciplinary/Termination procedure |
| | 17. Worksite agreement |
| | A. Role of Supervisor |
| | B. Work assignments |
| | C. Monitoring |
| | D. Oversight visits |
| | 18. Handling job injuries/accidents or other concerns |
| | 19. Handling problems at the worksite involving participants |
| | 20. Completing Monthly Participant Progress Evaluation |

Orientation has been provided by NCWorks Staff and has reviewed the above with the worksite. I/We agree to provide adequate supervision to the participants during their participation at this worksite while performing work duties related to recovery efforts.

Worksite Supervisor Signature

Date

NCWorks Staff Signature

Date

Hurricane Helene Disaster Recovery Employment Program MONTHLY EVALUATION



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Participant: _____ Date Range: _____
Job Title: _____
Worksite: _____

Directions: Worksite supervisor, please review each area and comment when needed. Please review the evaluation with participant and submit monthly (generally with timesheet).

Grade Scale: (E) Exceeds Expectations (S) Satisfactory (N) Needs Improvement (NA) Not Applicable

<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Reports to work daily	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Maintains positive attitude
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Is on time for work	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Dresses appropriately
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Calls in if late or absent	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Leaves when scheduled
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Cooperates with fellow employees	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Follows worksite rules
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Accepts responsibility for assigned duties	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Maintains interest and enthusiasm
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Uses good time management techniques	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Accepts constructive criticism
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Completes assignments in a timely manner	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Reports to work neat and clean
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Keeps breaks/meals to allotted time	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Demonstrates honesty and integrity
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Follows safety standards	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Meets general expectations

Comments/Observations (*strengths, weaknesses, improvements needed, areas to address with NCWorks*)

Participant Signature _____

Date _____

Supervisor Signature _____

Date _____

Hurricane Helene Disaster Employment Program**PARTICIPANT TIMESHEET******Max number of hours must be approved by NCWorks**A proud partner of the
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Name: _____ Job Title: _____
Pay Period From: _____ to _____ WS Supervisor: _____
Worksite: _____

Note: Total hours should be recorded in 15-minute increments {15 minutes = .25, 30 minutes = .50, and 45 minutes = .75}.**ALL** timesheets should be completed in **INK, NOT PENCIL** and **NEVER USE WHITE-OUT!****WEEK ONE**

DAY	Date	Start Time	Meal Break Time		End Time	Total Hours
			Out	In		
TOTAL HOURS FOR WEEK #1						

WEEK TWO

DAY	Date	Start Time	Meal Break Time		End Time	Total Hours
			Out	In		
TOTAL HOURS FOR WEEK #2						

HOURLY RATE	\$	TOTAL HOURS FOR PAY PERIOD	
		Total Gross Pay for Pay Period	\$

I certify that the entries are an accurate representation of the participant's time worked in this pay period.

Worksite Supervisor Signature_____
Date_____
Participant's Signature_____
Date

I have reviewed this timesheet and certify the hours worked appear reasonable and computed correctly.

NCWorks Program Staff Signature_____
Date

Hurricane Helene Disaster Recovery Employment Program Worksite Agreement Modification

Worksite Name: _____

Participant Name: _____

Modification Number ☐ 1 ☐ 2 ☐ 3 ☐ 4

Worksite Agreements may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

- *To extend the end date of the position (not to exceed allowable hours/time per program)*
- *To correct errors or update the original agreement or job description*
- *To increase participant hourly rate*

The Worksite Supervisor and the NCWorks staff agree that this Worksite Agreement shall be modified as stated:

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Except as hereby modified, all other terms and conditions of this worksite agreement remain unchanged and in full force and effect.

The worksite supervisor and NCWorks Service Provider mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

Authorized Signatures as Applicable			
Worksite		Date	
Participant		Date	
NCWorks		Date	



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EMERGENCY CONTACT INFORMATION

To be completed by participant and provided to worksite

Full Name: _____

Address: _____

Date of Birth: _____

Contact Numbers: _____

Medical Conditions/Allergies/Medicines:

1st Emergency Contact

Name & Phone Number: _____

2nd Emergency Contact

Name & Phone Number: _____

In the event that a decision regarding medical treatment is needed, I authorize my worksite and/or NCWorks staff to seek medical treatment on my behalf. I also state that I am physically and mentally able to participate in this employment program. I indemnify and hold harmless High Country Council of Governments (administrative entity), its trustees, officers, employees, including the staff and volunteers of the NCWorks Career Center/WIOA/Employment Program service provider or my worksite from any liability arising directly or indirectly from my participation in the program.

Signature: _____ Date: _____

If under 18 Parent/Guardian

Signature: _____ Date: _____

Hurricane Helene Disaster Recovery Employment Program PARTICIPANT AGREEMENT



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As an NCWorks participant participating in this disaster recovery employment program, I understand that my placement at a worksite is temporary and is designed to address recovery cleanup or humanitarian needs related to Hurricane Helene. I understand that my placement is contingent based on funding, available work, meeting expectations, and the following assurances:

- 1) **ATTENDANCE:** Established work schedules will be followed. In the event that it is necessary to be absent, tardy, or modify my schedule, I will call and make arrangements with my worksite supervisor and career advisor. Excessive tardiness or absences may result in termination.
- 2) **DRESS CODE:** I will follow the established dress code for my worksite. At a minimum the following is not allowed: no pants below the waistline; no shorts or tank tops; no clothing with foul/suggestive language, pictures or advertising alcohol or drugs; no tube tops or flip flops. Clothes should be neat and clean and appropriate for my work assignment and meet safety expectations.
- 3) **SAFETY:** I will follow health and safety rules and precautions set forth at the worksite and make use of equipment and materials in a safe manner. If safety equipment is required, it will be worn as directed by the worksite. I will report any concerns, accidents or injuries to my supervisor and NCWorks.
- 4) **BEHAVIOR:** I will display appropriate behavior at the worksite to include positive attitude by respecting authority and coworkers; be courteous, friendly, and accept corrections; follow instructions while not wasting time or materials; display interest in work and perform a reasonable amount of work during the day. The following behaviors may result in termination: no call/no show; excessive tardiness/absences; swearing/fighting; failure to follow rules/instructions; poor attitude; insubordination; inappropriate visitors; possessing anything illegal or any illegal activities or intoxication; lying to your supervisor, career coach, or on your timesheet. When possible, the following steps will be used to correct inappropriate behaviors: 1) Verbal warning from supervisor/career advisor 2) Written documentation of the behavior on evaluation 3) Termination of placement.
- 5) **CELL PHONE/USE OF SOCIAL MEDIA:** Cell phones/electronic devices are not to be used on the worksite during working hours or as established by the worksite. The use of social media (Facebook, Snapchat, Instagram, etc.) should not be used during working hours.
- 6) **TIMESHEETS/EVALUATIONS:** I will only work my approved number of hours and accurately record my time on the provided timesheet and submit to my supervisor every two weeks. I will also review my evaluations with my supervisor/career coach.
- 7) **EXPECTATIONS:** I understand my assigned position, associated job duties, and hourly rate of pay at my worksite. I will respond to NCWorks requests to maintain eligibility.
- 8) **CONFIDENTIALITY:** I understand that during the course of my placement, I may have access to confidential information regarding customers, clients, students, children, staff, or others receiving services from the worksite and that this information is considered sensitive and confidential. I will abide by confidentiality rules and understand that information will not be revealed to anyone without proper authorization. I understand the improper release of confidential information may be grounds for termination.
- 9) **PHOTO RELEASE:** Unless otherwise noted, I hereby authorize the use of my name/face and/or use of approved photos and quotes for promotional materials in print/video or online in regard to my participation with this employment program.

Worksite

Location: _____

Supervisor

Signature: _____

Participant

Signature: _____

NCWorks

Signature: _____

Start &

End Dates: _____

Supervisor

Phone: _____

Hourly

Pay Rate: \$ _____

Date of

Signatures: _____

Hurricane Helene Disaster Recovery Employment Program
Staff Time Tracking Sheet

Service Provider:

Career Advisor:

Reporting Period:

Day of the Week	Date	Time	Worksite/Organization	Purpose/Activity	Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
TOTAL HOURS FOR THE MONTH SPENT ON ACTIVITIES:					